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ORIGINAL ARTICLES

ABERRANT THYROID WITH REPORT OF TWO CASES.*

BY DR. FRANK E. McEVoy.

PROVIDENCE, R. I.

The term aberrant thyroid is usually used to connote that the thyroid enlargement of unusual location is the result of some fault in embryologic development. As such, I believe that the lingual and sublingual and possibly the pyramidal lobes are the only true aberrant thyroids. If the word is used in its broader sense to include thyroid growths that have wandered away from the usual position in front of the neck, then the large sub-sternal and intrathoracic goitres that are detached from the main lobes and those living in the posterior triangle behind the sterno mastoid detached from the lobes of the gland are aberrant thyroids. These, of course, do not result from any fault in embryologic development.

In this paper we wish to report a case of each type, the first a goitre occurring in the posterior part of the tongue; the second, a huge thyroid mass occurring in the posterior triangle behind the sterno mastoid muscle.

Usually the thyroid is considered as being developed from three anlage; the superior from the pharynx or mouth area is developed with the tongue which is in three portions; the anterior three-fifths, all in front of the circumvallate papillae, is formed from a median single body. The posterior two-fifths of the tongue is formed in halves, and at the center of union of these three portions, a tubular depression is developed with the bilobed thyroid anlage at its base, from which tissue the greater part of the gland is formed. As stated by most embryologists, the structure descends to unite at the seventh week with the lower anlage, one on either side which has developed in the fourth branchial furrow. The hyoid bone is

apparently developed at about the fifth week and crosses the line of the descending thyroid.

The hyoid in its development entangles forty per cent. of thyroids in their descent, causing a stringing out of the thyroid tissue to a variable degree. This portion, when present, is commonly known as the pyramidal lobe, and connects with the isthmus or the left upper lobe. The tube which developed as a consequence of the descent of the thyroid is known as the thyroglossal duct. This duct is not lined with thyroid epithelium in man, but with fetal pharyngeal mucosa, which undergoes obliteration more or less completely, the remains of its upper extremity being marked by the depression or opening at the back of the tongue known as the "foramen cecum." In anomalies in which there is a failure of obliteration of this duct, or in which portions of true pharyngeal mucosa are carried down with it, are found the midline cysts of the upper cervical region. These are not true branchial cysts, but thyroglossal duct cysts filled with mucoid material, and being remnants of the embryologic development, they retain the power of generation and growth when operated on, unless every vestige of the structure is removed.

It may readily be seen then that a delayed descent of the thyroid from its lingual position or an early formation of the hyoid might force the development of this portion of the thyroid into the lingual or sublingual area.

Thyroid tissue completely separated from the rest of the gland is usually described as aberrant, while if it is at all connected with the main thyroid it is called an accessory thyroid.

Accessory thyroid tissue occurring in the posterior cervical triangle is probably not due to developmental defect. The explanation given for this condition by Pemberton is that a small adenomatous growth appears upon the lateral aspect of the gland, and as it grows it becomes pedunculated. This pedicle is gradually lengthened because of intermittent traction upon it as the thyroid gland constantly follows the movements of the trachea. The pedicle becomes attenuated gradually and at length is entirely separated from the main

*Read before the Rhode Island Medical Society June 4th, 1925.

body of the thyroid, and the separated portion leads a parasitic existence and later in life takes on growth. It appears that a great many of the intrathoracic goitres are developed in this manner from the cervical thyroid rather than from enlargement of the so-called aberrant thyroid tissue.

CASE 1.

Female, Age 17. Occupation: Stenographer.
History:

One week ago complained of coarseness in voice and asked sister to look into her throat. She discovered a tumor in posterior part of the tongue. Gives no symptoms.

P. H. and F. H.: Negative.

Examination:

The physical examination is entirely negative except for tongue. In the posterior part of this organ in the region of the foramen caecum is rounded, smooth tumor, about the size of an English walnut, which, as the tongue protrudes, just about fills the space between the anterior pillars of the fauces. The tumor is round, firm and covered with mucous membrane, through which pass a few bluish, slightly distended blood vessels. There is no evidence of glandular involvement in the neck, and the thyroid gland is apparently normal. Tentative Diagnosis:

Between Sarcoma and Lingual Goitre. Surgical removal advised.

Operation:

Intrapharyngeal anesthesia (ether) by Dr. Miller. Heavy pedicle, silk sutures placed on either side of the tumor for traction with the finger in front of the epiglottis and in back of the tumor the posterior part of the tongue could be fairly well exposed. An incision was first made over the tumor to see whether or not it was sufficiently well encapsulated to permit of enucleation. It was not. Elliptical incision then made about the base of the tumor including a part of the tongue, adjacent to tumor. As the incision was made, sutures of interrupted silk were placed to control the hemorrhage. The mass was removed readily without undue hemorrhage. Seven interrupted sutures were required to close the wound in the tongue. The convalescence was uneventful, the patient being discharged in one week, and at the present time there is no evidence of recurrence, and there is no evidence of hyperthyroidism.

PATHOLOGICAL REPORT—CASE 1.

Patient K. H. Age 17. November 11, 1924. Pathological No. S.—1067. St. Joseph's Hospital.

Gross appearance. Specimen consists of a flat mass of firm, brownish red tissue, measuring 4 by 3 by 1.5 cm. One surface is covered with mucous membrane epithelium. On section, the mucous membrane varies in thickness up to 3 mm. The remaining tissue underneath the above mentioned surface layer presents a spongy-like appearance, soft and dark in color; in the substance of which are a considerable number of small cysts, varying in size from 1 to 3 mm. Some of these cysts are filled with gelatinous material, while others contain a blood-tinged material.

Microscopical Examination:

One surface of specimen is covered with epithelium, below which in one area is a collection of mucous or serous glands. The remaining portion of specimen is a tumor mass of adeno-cystoma type. Some of the vesicles and glands are the same as found in normal thyroid and filled with a homogenous material not unlike colloid. The larger glands and vesicles, varying in size from 1 to 3 mm., are filled with a thinner material. Other cyst cavity contents are blood stained and contain red blood cells, leucocytes and endothelial cells. The vesicles and gland cavities are lined with cuboidal epithelium.

In places there is marked hyperplasia of the cellular elements and presents an adenomatous condition.

There is considerable round cell infiltration in the stroma, and some haemorrhagic infiltration.

Diagnosis: Benign adeno-cystoma of tongue of thyroid origin.

CASE 2.

C. White.

Age 42.

Family and previous history negative as to the present condition.

C. C. Huge tumor of the neck. This growth was first noticed 16 years ago by the patient, and he states that it first appeared under the right ear. It has grown very gradually, and at no time has it produced any symptoms that he is aware of. The mass is now about the size and shape of a rugby football. It is attached to the neck by a rather thin pedicle for about five inches approximately along the line of the sterno mastoid muscle. The skin over the tumor is movable, reddish brown

in color, and there are numerous distended and tortuous vessels on the surface. The tumor feels nodular; some of the nodules feel cystic and some solid. It is freely movable at its attachment to the neck. There is no evidence of glandular enlargement elsewhere in the neck. At operation, an elliptical incision was made about the base of the tumor. It was situated entirely in the posterior triangle, and did not extend deeply within the neck. It had no attachment to the thyroid gland. Its removal was very easily accomplished.

PATHOLOGICAL REPORT.

Fibroma of neck made up of hypertrophied and hyperplastic thyroid tissue. Colloid and connective tissue. Some areas very cellular. Other areas show fibroma undergoing generative changes. Specimen consists of a mass of tissue 20 by 14 by 12 cm., about half of which is covered with thick skin. The skin surface is nodular in appearance and on section presents several hard, fibrous-like nodules of various sizes. The main part of the specimen consists of a mass of firm tissue, not unlike a fibroid. Slightly moist and scattered throughout are numerous small cavities, some of which contain gelatinous material. Some areas present a cut surface, rather hard, mottled yellowish, and of the consistency of raw potato. About one-half of the mass has a softer, more fibrous-like appearance, and tissue which seems to be somewhat broken down.

ACUTE APPENDICITIS OCCURRING IN THE COURSE OF TUBERCULAR PERITONITIS.

By ANTHONY CORVESE, M.D.,

PROVIDENCE, R. I.

An acute appendicitis arising in the course of tubercular peritonitis is apparently of rare occurrence. A careful examination of the literature for the past twenty years reveals only one case similar to that which is here described. In 1903, R. Horand reported to the *Societe de Medicine* of Lyon¹ the findings at operation and autopsy, upon a fourteen year old girl, a patient in the *Charite* of that city. The patient was brought to the hospital for emergency operation, the clinical symptoms indicating an acute appendicitis with perforation. Laparotomy disclosed an acute tuberculous pro-

cess in the intestine, with ulceration in the cecum and ileum, and a generalized tuberculous peritonitis. The appendix was gangrenous and ruptured in two places. The patient rallied from the operation but died in collapse sixteen hours thereafter. Autopsy showed the tuberculous process to be even more extended than was recognized at operation.

In a general consideration of co-existing appendiceal and pelvic diseases in the female, as observed in a series of 746 cases, Child² six times observed general tubercular peritonitis, of which the adnexal involvement—in which he was primarily interested—was only a part, in two cases the appendix being adherent.

A persistent fistula following an appendectomy four years earlier was found by Carl B. Davis³ to be due to an extensive tubercular process in the peritoneum and the enclosed viscera. A lateral anastomosis and resection, followed by X-ray treatments and later by helio-therapy according to the method of Rollier, brought about healing, but the author ventures no opinion as to whether the previous appendicitis occurred after the tubercular process had already begun, or whether it may have borne any causal relation to it.

CASE REPORT

A young woman of 21, married in September, 1921, presented herself on August 6, 1922, complaining of amenorrhea and believing herself pregnant. The last period had occurred on January 8, 1922, and she had noticed that her abdomen was enlarging, although there had been no other signs of pregnancy. On April 26, however, a flow had begun which lasted four days, but since that time there had been no catamenia until the time of her coming under observation. Menstruation had begun at the age of sixteen, but there was a history of amenorrhea for about a year, the flow having re-appeared following a tonsillectomy.

Examination showed a fairly well-nourished and developed young woman, though rather pale. The temperature was 100 degrees, the pulse 102; heart and lungs apparently normal. The abdomen was somewhat distended, and on percussion there was slight shifting dullness which was most marked in the right lower quadrant. The uterus was not enlarged and no fetal heart sounds were audible.

Vaginal examination revealed a nulliparous vagina, with no softening of the cervix and no ballotment. The position of the fundus was impossible to make out, but there was no tenderness and no enlargement of the adnexa. Upon these findings a tentative diagnosis of tubercular peritonitis was made, and the patient was instructed in the necessary hygienic measure and told to report in a week's time.

She was not seen again until February 3, 1923, when I was called to see her at her home and obtained the following history:

On September 8, a month after I had seen her the first time, she had flowed for the first time since the previous April 26, and the last menstrual period had been on December 27, 1922. Four days prior to the present visit she had wakened during the night with pain in the abdomen, for the relief of which she took a cathartic; she later vomited and had diarrhea throughout the following day. A physician who was called gave her some "tablets," and during the day the abdominal pain subsided. The next day, however, the right lower abdominal quadrant was very painful, and during the following twenty-four hours there were increasingly severe "crampy" pains in the right side.

The temperature, on examination, was 103, the pulse 114, the heart and lungs negative. There was marked abdominal distension with general tenderness and spasm and rigidity in the right lower quadrant. She was sent at once to the Jane Brown Memorial Hospital for immediate operation.

Operation: Under ether anesthesia a right rectus incision was made, and on opening the peritoneum about 1,000 c.c. of serous fluid, which was free in the abdomen, escaped. This fluid was at first thought to be the result of a general peritonitis, but this was disproved by subsequent findings. The appendix was firmly adherent with a small walled-off abscess at the base. When freed, after considerable difficulty, it was found to be gangrenous and so very friable that it cut like cheese, the friability being so great that it was impossible to tie the mesentery. Hemorrhage was moderate.

A ligature was placed as near the base of the appendix as possible and three cigarette drains inserted. There was a profuse discharge from the wound for about ten days, but the patient was able to be discharged on the fifteenth day. For the following seven months the wound alternately

closed and re-opened to discharge clear fluid, the re-opening occurring three times. Since September 10, however, the wound has remained closed, there is now a firm scar, and the abdominal distension has gradually diminished. Under tuberculin injections, together with general hygienic measures and medication with Syr. Ferri Iodide, her general health has been built up, and she now reports herself as feeling quite well.

PATHOLOGIC REPORT

Culture from pus showed *Bacillus Coli*.

Microscopic Examination showed the whole wall of the appendix to be degenerated and necrotic with unmistakable anatomical tubercles, some appearing in the mucosa which for the most part had disappeared. In places a considerable acute inflammatory infiltration had taken place.

¹Horand, R. Péritonit etuberculeuse miliaire: Poussée ague mortelle d'appendicite avec double perforation. (Miliary tubercular peritonitis: Fatal attack of acute appendicitis with double perforation.) *Lyon Médical*, 100:517, 1903.

²Child, C. G., Jr. Co-existent disease of the appendix and pelvic organs in the female (A study of 746 operative cases). *Am. J. Obst.* 80:31, 1919.

³Davis, C. B. Peritoneal tuberculosis in a patient operated on four years previously for appendicitis, with resultant fecal fistula. *Surg. Clin. North America*, Vol. I, No. 4, August, 1921, p. 1054.

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Dr. Samuel Morein announces the opening of his office at 119 Waterman Street, Providence, R. I. Practice limited to gastro-enterology, including X-ray diagnosis.

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309 Olney Street, Providence, R. I.

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EDITORIALS

MEDICAL INSPIRATION.

Members of the medical profession who have not read the President's address delivered at the recent meeting of the American Medical Association at Atlantic City and published in the *American Medical Journal*, should do so at once.

This address is a scholarly and inspiring tribute to the progress and ideals of the profession and the casual perusal of it can not but inspire or

advance to a greater degree faith in their chosen work and a greater desire to render the highest type of service. This inspiration comes at an opportune time for the profession in Rhode Island, as we have just listened to a most forward-looking address by the President of our own State association. The suggestion made in that address that we should inaugurate clinical teaching is directly in the line of medical progress which is much to be desired in this State. The zeal for financial returns is a perfectly understandable and creditable one, but any physician is short-sighted who does not

realize that an increase in his own professional armamentarium is going to increase his value to the community and the desire of the community for his services, and hence enhance his earning power.

We have no teaching center in Rhode Island. Therefore, much of our clinical material is not utilized to its full extent, and many of our professions are growing rusty in the daily grind.

After reading the Presidential address delivered before the American Medical Association, and listening to our own President's words of wisdom, let us all make the resolve that we will study more, that where possible we will devote some of our time to teaching, that we will report interesting cases in the medical societies, and that we will endeavor to contribute in increasing degree to the progress of medicine and to the better understanding and treatment of our patients, and so increase our own inspiration in our work.

LOCAL TEACHING CLINICS.

In his annual address the President of the Rhode Island Medical Society laid much stress upon the establishment in the state of a course of clinics for physicians, to continue throughout the year.

The idea has been talked of for some years, but he put it in such a form and urged it so strongly that a committee was authorized to study the matter carefully, and report back to the Society in September.

Perhaps never before has there been such need of means for constant education. The journals are full of new discoveries and new methods of treatment. It is positively bewildering to observe the amount of medical literature being printed. The reader usually does not know the ability or reliability of the author, and while he might follow every step of technique intelligently he would still be uncertain of the truth or value of any procedure advocated.

The treatment of the sick has been so subdivided, the literature so diversified that a specialist can hardly keep up with his own journals and reports.

Even in a non-teaching centre, like Providence, there are many physicians who have excellent training and are doing as high class work as is

done anywhere, and among them are men who have teaching ability that would be willing to hold clinics. Such men have sufficient personal experience and acquaintance among the leading physicians in their specialty that their opinions would be of great value to other physicians. In other words they are reliable interpreters of new and old procedures in their special departments.

It is quite as important that a new discovery or method of treatment be declared of no value as one which can be relied upon. It is common to find physicians doing things which they were taught years ago to be of value and which had long been discarded by their teachers themselves.

Every physician wants to take up with every new thing that can be relied upon but does not wish to experience failure in his private practice by employing wrong methods.

It is for this reason that every physician should be enrolled in a university for life by attending conventions, clinics, and reading.

Most hospitals in the East have closed staffs and the members of hospital staffs owe it to their colleges to pass on to them the information which they are gleaning from their experience. The hospital authorities should also encourage anything which will improve the treatment of their patients, and a teaching staff will accomplish this, as well as demonstrate to the local practitioners that the patients they are sending to the hospital are receiving up to date and efficient treatment.

It is to be hoped that the committee to be appointed will be able to plan a detailed and workable program for clinics to be established in the fall at several hospitals in the state.

As the President of the Rhode Island Medical Society pointed out, this might be the beginning of a medical school to be established in later years. Whether an undergraduate school is needed or feasible, will be determined in the coming years, but there is no doubt but that graduate study should be provided for and would be appreciated by the physicians of this state.

THE CONTINUING OBLIGATION.

The standard requirements for entrance to the practice of medicine have been steadily raised in the interest and for the protection of the public. We even now are hearing a discussion of the

advisability of lower requirements. But what of the standards requisite for a continuance in practice? To win a degree the student must spend a specified time in school, and must show a certain proficiency at least in the theory of medicine. The State further requires that he must satisfy a board of examiners of his fitness to be entrusted with the lives of its citizens. Having passed the State Board, he has now fulfilled all legal requirements.

From that time on his continuance as a proper practitioner of medicine is dependent wholly upon his own conscience.

Many men continue their studies, attend clinics in teaching centers, profit by all available medical gatherings, and are continually keen to increase their value to the community. Unfortunately, there are others, who apparently are contented to go on with the methods of diagnosis and treatment which were perhaps the best during their student days, but which have been superseded and improved since that time. Some of the worst offenders are men with large practices who cannot or will not give the needed time to study. When such a man tells a patient with severe diabetes, for example, that he does not need insulin, or does not even mention it, but allows him to continue to show sugar indefinitely, he is doing that patient a distinct wrong. It is no sufficient excuse for him to say that that was his honest opinion if he has not taken the time to become acquainted with the informed opinion of the present.

A few months ago the suggestion was made in these columns that much advantage would accrue from closer association of the outside physicians with their colleagues on service in the various hospitals. Since that time definite action has been taken by the Rhode Island Medical Society, looking to the establishment of a series of clinics with that end in view.

This is a step in the right direction, but the desired improvement in the standard of treatment offered to the general public must depend, to a great extent, upon the individual efforts of physicians to keep themselves mentally fit and well-equipped.

An addition to the Hippocratic Oath might well read as follows: "I swear that I will use all diligence to acquaint myself with the new and approved methods of treating disease, and will give my patients the benefit of the knowledge so acquired."

ADDRESS OF DR. ARTHUR E. MARTIN
AT MEETING OF MEDICO-LEGAL
SOCIETY, STATE INFIRMARY,
HOWARD, RHODE ISLAND.*

I have been asked by the Director, Mr. Putnam, to state in some measure just how we handle the medical and psychiatric problems as they apply to the institutions of which I am resident physician, namely, the Sockanosset School for Boys, House of Correction for men, and the Rhode Island State prison and Providence County jail.

On admission each inmate receives a complete physical examination. This is done with the inmate stripped. Routine Wassermann reactions are taken on all admissions. A short medical history is then taken; this differs somewhat from the regular medical history. We obtain the name, age, religion, birthplace, civil conditions, occupation, number of previous commitments, delinquencies and the offense for which they are committed. The physical examination is not a superficial one; it covers a general medical and neurological examination. There can be no doubt that physical disabilities are of importance in the production of delinquency. Cases that have visual and auditory defects are referred to the visiting eye and ear specialist for correction. Dental needs are taken care of by the visiting dentist. Physical deformities are corrected as far as it is possible to do so.

If a patient is thought to be a neurological or psychopathic case, he is placed in the institution hospital for further study by the visiting psychiatrist. It sometimes becomes necessary to put the patient to work in some one of the departments of the institution, such as shop work, farm, tailoring, carpentry, etc., so that we may study him and observe his conduct while under various states of mental and physical strain.

Many of these cases are committed to the institution to await trial, and their true mental state and degree of responsibility are not known to the judge or prosecuting attorneys. If we find an inmate whom we feel is not responsible for his acts, we so notify the courts and in most instances a medical commission is appointed and the case is reported by them to the judge who is to try the

*Read before the Rhode Island Medico-Legal Society at the State Institutions Oct. 30th, 1924.

case. There have been many instances where men have been committed to the mental hospital as insane or to the institution at Exeter for feeble-minded who otherwise would have been sentenced to jail or to prison as responsible for their acts, had not the medical commission been appointed.

There are also many cases that are committed to the institution that have not had any type of neurological or psychiatric examination. Aged and infirm men are many times committed to the House of Correction on charges of vagrancy, idle person or chronic alcoholic. We do not look upon these cases as strictly criminal and consequently recommend to the warden their transfer to the State Infirmary for hospitalization. We feel that many of these cases should never have been tried in the criminal courts, but should have been referred to the Overseer of the Poor, who, in turn, would see to it that the man was sent to the State Infirmary without court record.

Then again is the problem of the defective and the insane, who have been sentenced without any previous neuro-psychiatric examination. If the case is one that has received a House of Correction sentence, we usually inform the warden of our findings and advise his parole, so that we may hold court and commit him to either the mental hospital or the feeble-minded institution at Exeter. If a man has received a jail or prison sentence, we are obliged to hold him until he is eligible for parole, at which time the Board is notified and advised as in the previous case. If a man receives a long sentence and by examination is found to be mentally defective or insane, or as happens at times becomes insane while serving time in jail, there is no way we can dispose of him except by the direct pardon of the Governor of the State, consequently we have several such cases that do not fit into the scheme of jail discipline. Our problem is this: How shall we care for these defectives and criminal insane whom we are able to classify, but do not dispose of?

Previous to 1918, there had been three cells designated to house the criminal insane at the jail. These cells were located in the same cell block as those confining the normal criminal. This was very unsatisfactory, and in 1918 the Penal and Charitable Commission, with funds obtained from a bond issue, constructed a criminal insane ward,

located within the prison walls, but at some distance from the main buildings. This new addition was built and it served to house our mental cases. There was no equipment with the building for the care of the insane, merely a place to confine them, consequently many of the defectives and insane remained for several years in confinement.

Two years ago the State Public Welfare Commission appointed a State psychiatrist, who was to visit the institution at stated intervals. Due to better methods of classification of our inmates and the institution of occupational therapy, we have been able to keep all our defectives and insane occupied. Many of these cases have so improved that they are now back into the society of their fellow inmates.

Our criminal insane ward, previous to the appointment of a state psychiatrist, was always occupied, but for the past two years there have been no regular occupants. We feel that this is due to the better methods of classification and also to the awakening on the part of the courts to the need of routine psychiatric examinations to determine mental and moral responsibility.

At the present time, our hospital, dispensary and criminal insane ward are located in different parts of the building and institution. Changes are being made, that will give us a hospital, operating room, dark cells and criminal insane ward in the one building as a distinct medical unit. The establishment of this unit will be a progressive step in the medical care and treatment of inmates and will facilitate the work of the entire Medical Department.

As regards the medical psychiatric problems as they apply to the inmates of the Sockanosset School for Boys. Here again the boy receives a complete physical examination and routine Wassermann is taken. The medical history varies little from that which is taken at the jail. The physical examination is made with the patient stripped, and physical defects noted. Here, as at the jail, we have a visiting surgeon dentist who examines every boy committed to the institution, and attends to his dental needs. Visiting eye, ear, nose and throat specialists attend to the cases that are referred to them.

We lay considerable stress upon physical disability and its early correction, realizing that cer-

tain defects may be very strong incentives towards delinquency. Tuberculosis, heart disease, defects in vision may all be causes of delinquency. There is little doubt that the irritability, produced by carious teeth, nasal obstruction, etc., may be potent factors in the production of juvenile delinquency.

Certain physical disabilities act in another way also, they tend to make their possessor anti-social, because they induce him to regard himself as different to other boys. This also applies to the inmate of the prison in that disabilities tend to prevent the sufferer from earning a living in the ordinary labor market.

We have seen that the majority of our offenders commence their appearances in court when quite young, and if they are to be studied at all, this is the time to study them. Those inmates who are thought to be defective are referred to the psychologist, who examines them. The Binet-Terman scheme is the test used here. This, of course, gives us the degree of intellectual responsibility, but does not enlighten us as to the moral responsibility. We have at the present time no definite set rule or form for obtaining moral responsibility. The State psychologist makes her report and in many cases recommends that the case be further examined by the State psychiatrist. If the State psychiatrist advises the transfer of the boy, arrangements are made and the boy is transferred to the proper institution.

A few of the cases so examined by the psychiatrist have been reported as belonging to the group of defective delinquents. Some of them are consequently transferred to the school at Exeter. Exeter is not equipped to handle the defective and the delinquent, so it becomes necessary for us to detain such cases at the industrial school. This is not an ideal plan; we are not equipped to care for the defective at the industrial school, but we are able to cope with their delinquency. The Commission has long felt the need of an institution for the care and treatment of those cases that were not only delinquent but were also defective. Consequently, they are planning the establishment of such an institution, separate from the Industrial School and the Exeter School, that will in some measure take care of the defective delinquent.

SOCIETIES

RHODE ISLAND MEDICAL SOCIETY.

(Concluded from July Issue)

Committee on Education.

To the House of Delegates of the Rhode Island Medical Society:

The activities of the Committee on Education, State and National, have been mainly concerned with the school situation in Providence through affiliation with the Educational Council of Civic Clubs of which your chairman is a member.

At a meeting in March of citizens interested in the public schools your chairman was made a charter member and a director of the temporary Providence Public School Association empowered to form a permanent association.

Representing this committee of the Rhode Island Medical Society, your chairman has attended thirteen meetings of the above association.

The objects of the Providence Public School Association are: "To provide organized, intelligent and continuous public interest in the public schools."

"To keep the public schools free from political or other partisan influence or control."

"To insure the nomination of persons possessing the highest qualifications for membership to the School Committee."

"To publish the qualifications of all candidates for membership in the School Committee."

The results of the activities of the association were made evident to all by the great interest displayed by the voters at the caucus and the election of the new school committee as prescribed by the Strayer-Sisson Bill.

The Committee on Education believes that this small non-partisan school committee is a distinct advance over the former large and unwieldy committee, and that its administration of the public schools will result in a decided betterment of the public school situation in this city.

We recommend that contact between this Society and the Providence Public School Association be maintained in order that whatever influence this Society may have upon educational matters in Providence may thereby be best expressed.

Respectfully submitted

GEORGE H. CROOKER

Chairman

Committee on Library.

Verbal report was made by the Treasurer, Dr. Donley has called attention to the valuable old volumes in our Library and stated that he had personally made arrangement whereby these volumes will be properly catalogued so as to be available for easy reference.

Report of the Committee on Legislation.

The work which the committee has attempted to do during the past year has been both constructive and obstructive. The Legislature attempted to revise the Workmen's Compensation Act and after some conferences with the representatives of the employers of the State they accepted an amendment which was proposed by our committee. This amendment provided that there would be sufficient funds to allow something for the services of the surgeon in cases treated in the hospital. This bill passed the Senate and was being debated in the House at the time of adjournment. It would, no doubt, have become a law had it not been for the obstructive tactics at the last moment.

It required a great deal of activity on the part of the committee to prevent the passage of the bill for licensing chiropractors. This bill was introduced by a member of the House Judiciary Committee. No public hearing was allowed. Subsequently, however, they did invite the committee and the secretary of the State Board of Health. Letters were sent to the district societies asking that their respective presidents and other officials write to members of the Judiciary Committee of the Senate protesting against this bill. Interviews were had with many of the influential men about the State House. The Committee wishes to say that it appreciates the help that was given by many of the members of the profession in various parts of the State and from some laymen. The result finally was that the bill, having passed the House, was not reported out of the Judiciary Committee of the Senate and did not come up for action.

The Committee has taken some measures to have a new medical practice act introduced in the next session.

DR. FRANK T. FULTON
Chairman

The following communications were presented by the Secretary:

Letter from the American Association for the Study of Goiter requesting an appointment of a delegate from Rhode Island. Dr. Guy W. Wells of Providence was appointed delegate.

The letter from the Bureau of Legal Medicine and Legislation as to tax reduction affecting physicians was voted referred to the Committee on Legislation to take such action as the committee sees fit.

The invitation from the American Peace Award for this Society to adopt a resolution urging favorable consideration of the International Court of Justice was voted to be laid on the table.

The invitation from the Woman's Auxiliary of the American Medical Association to appoint a State Committee of Women as members of that organization was also voted to be laid on the table.

The invitation from the Washington County District Medical Association to hold the fall meeting with them was voted on and unanimously accepted.

On motion of Dr. Mowry duly seconded the recommendation of the Secretary in regard to paying the expenses of the delegates to the A. M. A. of the House of Delegates was deferred with the request that the Secretary ascertain from other State organizations their custom in this matter. It was so voted.

Under the item of new business Dr. Skelton moved that in the purchase of supplies for the Medical Society that the advertisers in the RHODE ISLAND MEDICAL JOURNAL be given preference if possible. It was duly seconded and so voted.

It was voted that the new official automobile emblem for physicians brought out by the A. M. A. be adopted as the official emblem of the Rhode Island Medical Society.

Adjourned.

J. W. LEECH
Secretary

Report of the Committee on Necrology.

Our Society membership has been unusually depleted by death during the year 1924-25, not only in numbers, but by the passing on of men unusually prominent, not only in this Society and their profession, but as men of influence in the

civic life of the city and State, where their loss can not but be seriously felt for many years.

Dr. William F. Barry.

Dr. William F. Barry, President of this Society, died suddenly in Franklin, Mass., December 17, 1924.

Dr. Barry was born in Woonsocket, November 11, 1872. His early education was obtained in the public schools of Franklin, Mass., where he graduated from the high school in the class of 1887. He then returned to Woonsocket where he worked for several years. He entered the College of Physicians and Surgeons at Baltimore in 1890, from which he graduated in 1892.

From there he went to Providence and served as interne at the St. Joseph Hospital. After leaving St. Joseph's he returned to Woonsocket and took up the practice of medicine, where he soon established an ever increasing practice.

Besides his membership in this Society he was one of the charter members and a past president of the Woonsocket District Medical Society and a member of the American Medical Association. He was a visiting physician of the Woonsocket Hospital, a member of the Medical Board and a trustee at the time of his death.

He had been a medical inspector in the public schools since 1908 and chief inspector since 1916.

Dr. Barry was elected a member of the School Board of the City of Woonsocket in 1899, serving continuously up to the time of his death, and acting as its chairman from 1916.

Dr. Barry was a self-made man, working his way through school. His study did not end with his school days, as his progress and advancement in his profession shows. He was a great lover of books, and besides his medical library he possessed a most wonderful collection of books, which completely covered the walls of a large room at his home. He was the author of a book on "Hygiene of the School Room" which had been adopted by many schools throughout the country.

One of his hobbies was dramatics. He was an actor of some ability in his youth, and he retained through life his love of the stage. He was a personal friend of many noted theatrical people. He always took great interest in the Rhode Island Medical Society and when elected President made

unusual efforts to increase the interest in the Society meetings.

Dr. Barry was fortunate in the possession of the ability of always seeing the bright side. He was very fond of a joke. One could not long remain down-hearted in his presence. His personality and keen enjoyment of life radiated to all with whom he came in contact.

His death is a great loss to the Society.

Dr. Gardner Taber Swarts.

Dr. Gardner Taber Swarts, for two years secretary of the State Board of Health previous to his resignation in 1917, and one of the recognized authorities on dermatology in this section of the country, died of pneumonia at his home, 70 Waterman Street, May 12, 1925, after an illness of only five days. He was in his sixty-eighth year, and is survived by his wife, one son and a daughter.

He was born in this city, December 13, 1857, the son of Gardner T. and Harriet A. (Wood) Swarts, and graduated from the Harvard Medical School in 1879, since which time he had been engaged in practice here. Several times he went to Europe and pursued special courses at several of the European universities, and was among the first to specialize on bacteriology and the germ theories. He made exhaustive studies of disease germs, and devoted much time to the study and development of cultures.

For a number of years he was assistant in the surgical department at the Rhode Island Hospital, and in 1924 was elected secretary of the Rhode Island State Board of Health and became State Registrar of Vital Statistics.

Through his recognized ability as a dermatologist he became prominent in a number of the medical and surgical societies throughout the country. He was a member of the Conference of State and Provincial Boards of Health of North America, New England Licensing and Examining Boards, American Medical Association, American Public Health Association, of which he was president in 1908; National Tuberculosis Society, Rhode Island Medical Society, Providence County Medical Society, Providence Clinical Club, and other similar organizations. He was for many years consulting physician on skin diseases at the

Rhode Island and City Hospitals in this city and the Memorial Hospital in Pawtucket.

In May, 1915, Dr. Swarts, desirous of devoting more attention to his private bacteriological studies, tendered his resignation as secretary of the State Board of Health, but it was not accepted. Two years later, however, it was accepted, when he insisted.

Since retirement from the State Board of Health he had devoted his time to preparation of articles for publication in health magazines and to private business matters. For the past year he had not been in the best of health.

Dr. Swarts was a regular attendant at our Society meetings, often presented original articles and participated in the discussion of the various papers.

Dr. G. Edward Buxton.

Dr. G. Edward Buxton, for more than twenty-five years one of the most prominent physicians and surgeons of this city and a leader in fraternal activities, died at his home at 131 Irving Avenue, January 25, 1925, as the result of a heart attack. Dr. Buxton, who was in seventy-sixth year, retired from practice about five years ago, but he had remained active in his interests as a genealogist and bibliophile and enjoyed robust health until Saturday night.

Born February 19, 1849, at Worcester, the son of Edward and Julia C. (Coburn) Buxton, Dr. Buxton received his early education in the public schools of his native city. After a special course at Kentucky University he took the degree of Doctor of Medicine at the College of Physicians and Surgeons in Columbia University in 1875. The following year the same degree was conferred upon him by Harvard Medical School.

After receiving his licentiate in medicine at Dublin University in 1883, he joined the staff of the Rotunda Lying-In Hospital of Dublin and later resumed his studies in Paris.

From 1877 to 1883 Dr. Buxton was resident physician at St. Francis Hospital in Pittsburg, and for the succeeding four years he practiced his profession in Pawtucket, removing in 1888 to National City, Cal. In 1895 he took up his practice in this city.

On January 10, 1878, Dr. Buxton was married in Worcester to Sarah A. Harrington of that city.

He is survived by Mrs. Buxton and their two sons, Col. G. Edward Buxton, Jr., treasurer of B. B. & R. Knight, Inc., and Dr. Bertram H. Buxton, a practicing physician and surgeon of this city.

At various times during his professional career, Dr. Buxton had been a member of the San Diego, Missouri State, Kansas City District and Jackson City Medical Societies, and at the time of his death he was a member of the American Medical Association and Rhode Island and Providence Medical Societies. He was a charter member of the faculty of the University of Kansas City, where he was adjunct professor of obstetrics. He served for a time on the Board of Health of National City, Cal. His contributions to medical journals and other scientific publications were notable.

As direct descendant in the ninth generation from Anthony Buxton, who came from Norfolk, England, to settle in Salem, Mass., in 1637, Dr. Buxton was for many years president of the Buxton Family Association. He presided over the annual meeting of the association in Salem last year. In this connection he searched diligently all available historical records for mention of his early American ancestors, compiling a great deal of genealogical data which has proved of considerable value to historians. He was among the most active members of the Rhode Island Historical Association and the Sons of the American Revolution.

Dr. Buxton's other principal interests, aside from his profession and his family, were his books and chess. In his home he had collected an extensive library, containing many rare volumes, the majority of them on historical and genealogical subjects. He was a member of the Providence Chess Club, where he played several times a week and took part in practically all club tournaments.

A man of ardent patriotism, Dr. Buxton took no more pride in any of his possessions than in his certificate of membership in the Volunteer Medical Service Corps.

Dr. Henry J. C. Corrigan.

Dr. Henry J. C. Corrigan, for eighteen years assistant house surgeon and urologist at St. Joseph's Hospital, died at his home, 242 Broadway, May 16, 1925.

He had been engaged in the active practice of medicine in this city since 1904 and was in his 49th year.

Born in Providence November 7, 1876, the son of Thomas and Mary A. Corrigan, Dr. Corrigan received his early education in the public schools and in the Mowry and Goff private school here. Later he attended Holy Cross College for two years, returning to Brown University at the end of that time, and graduating with the degree of A.B. in 1898. In 1899 he received the degree of A.M. from St. Francis Xavier College, New York City.

Finishing his medical course in 1902, Dr. Corrigan was awarded the degree of M.D. by Columbia University. After serving his internship at St. Francis, Lying-In and Randall Island Hospitals in New York City, Dr. Corrigan began the practice of medicine in this city in 1904.

He immediately became associated with the outpatient department at St. Joseph's Hospital and later named assistant house surgeon and urologist at this institution. He retired as consulting surgeon in 1922. Dr. Corrigan was a member of the Providence and American Medical Associations and the American Urologists Association. In 1920 he was elected to membership in the American College of Surgeons.

On June 21, 1916, Dr. Corrigan married Miss Marthe K. Cole of this city, who, with two daughters, the Misses Mary Louise and Marthe Corrigan, survive him.

Dr. Harold M. Howard.

Dr. Harold M. Howard died at his home, 155 Elmwood Avenue, April 1, 1925, after a few days' illness of pneumonia.

Dr. Howard was born in Gloucester, Mass., May 11, 1881, the son of Charles O. and M. Louise Howard. He came first to this city in 1892 and attended the Providence public schools, later completing his education at the Jefferson Medical School in Philadelphia, where he was graduated in 1905. After serving an internship at St. Joseph's Hospital he engaged in private practice at 186 Broad Street, later moving to the home where he died.

In 1912, Dr. Howard married Ellen M. Caswell, daughter of the late William C. Caswell of Wakefield. He was a member of Nestell Lodge,

No. 37, F. & A. M.; St. John's Commandery, the Rhode Island Medical Society and Phi Beta Pi. He attended the Central Baptist Church.

We regret our inability to give a more complete history of the lives of the following deceased members. They were all honorable members of the profession, held in high esteem in the communities in which they practiced.

Dr. Harry V. Carroll.

Born 1898. Died in Newport, R. I., May 19, 1925. A member of the Rhode Island Medical Society since 1910.

Dr. E. M. Harris.

Dr. Harris died in Worcester, Mass., April 3, 1925. An honorary member of the Rhode Island Medical Society.

Dr. Frank Cousins Pagan.

Dr. Pagan died in Westerly, R. I., September 27, 1924, age 63 years.

Dr. Julius J. Robinson.

Dr. Robinson was born 1872, died August 17, 1924. A member of the Rhode Island Society since 1906.

E. D. CLARKE, M.D.
Chairman.

Report of Committee on Arrangements.

The usual collation was served at the quarterly meetings.

The duties of this committee in reference to the annual meeting consist of supplying a light luncheon to be served at 1 o'clock in the Medical Library Building and provide for the annual dinner in the evening.

Mr. Cochran, who has long been our caterer, will supply the noonday collation.

The dinner will be held at the Metacomet Golf Club on Barrington Parkway at 6:30 P. M., June 4th. The price of guest tickets will be the customary \$3.00. Entertainment is to be supplied by an internationally known quartette under the personal direction of Mr. William O. Rice. He will bring his own accompanist whose services are subsidized through the personal generosity of your

President, Dr. De Wolf. The menu of the dinner is as follows:

<i>Celery</i>	<i>Olives</i>
<i>Canape of Anchovies</i>	
<i>Soup</i>	
<i>Broiled Sirloin Steak</i>	
<i>Au Gratin Potatoes</i>	
<i>New Beans or Peas</i>	
<i>New Asparagus</i>	<i>Hollandaise Sauce</i>
<i>Pic a la Mode</i>	
<i>Coffee</i>	

Respectfully submitted

COMMITTEE ON ARRANGEMENTS

CHARLES F. GORMLEY

Chairman

The foregoing transactions and committee reports, in both the July and August issues of the JOURNAL, in the order following, comprise the detail of the program of the 114th annual meeting, held at the Medical Library, Providence, R. I., June 4th, at 11 A. M.

Morning Session—10:30 A. M.

Call to Order.

Reading of Minutes.

Recognition of Delegates from State Medical Societies.

Report of Fiske Fund.

Necrology.

Papers:

1. "Hydrotherapy with Special Reference to the Radio-Active Waters of the United States," Col. L. M. Maus, Medical Corps, U. S. Army, Retired.
2. "Aberrant Thyroid with Report of Two Cases," Dr. Frank E. McEvoy, Providence.
3. "Septic Processes Originating in the Lingual Tonsil," Dr. Frank M. Adams, Providence.
4. "The Gorgas Memorial," Dr. Franklin H. Martin, Chicago.

1 P. M. Luncheon at the Medical Library.

Afternoon Session—2 P. M.

Papers:

1. "Treatment of Eclampsia," Dr. John W. Sweeney, Providence.
2. Some Phases of the Cardiac Problem by members of the Medical Staff of the Peter Bent Brigham Hospital.

a. "The Heart and Its Management in Hypertension and Chronic Nephritis," Dr. James P. O'Hare.

b. "The Treatment of Auricular Fibrillation," Dr. Samuel A. Levine.

c. "A study in Experimental Animals of the Cause and Treatment of the Serious Reactions Following Quinidine Sulphate," Dr. Burgess Gordon.

d. "The Heart and Its Management in Hypert thyroidism," Dr. Cyrus C. Sturgis.

e. "The Heart and Its Management in Hypothyroidism," Dr. Henry A. Christian.

Annual Address of the President, Dr. Halsey DeWolf.

Induction of Officers.

The annual dinner was held at the Metacomet Golf Club at 6:30 P. M. Anniversary Chairman, Dr. E. D. Clarke, Woonsocket. Speaker, Dr. George B. Magrath, Boston.

Committee of Arrangements: C. F. Gormly, M.D., Eric Stone, M.D., Eliot A. Shaw, M.D., Treasurer ex officio.

PROVIDENCE MEDICAL ASSOCIATION.

At the meeting held Monday, April 6, 1925, at 8:45 P. M. at the Rhode Island Medical Society Library, 106 Francis Street, the following program was given:

Lingual Goitre: Case report by Dr. Frank E. McEvoy; pathological report, with lantern demonstration, by Dr. James Hamilton.

Synergistic anesthesia in obstetrics—Report from the Providence Lying-In Hospital, Dr. I. H. Noyes.

Some remarks on mastoiditis with reports of interesting cases, with delineoscope demonstration, by Dr. Howard E. Blanchard.

The Standing Committee have approved the applications of the following for membership: William Powell Davis, Frank West Harrah, Ransom H. Sartwell.

Collation followed.

The following program was presented at the meeting held on Monday, May 4, 1925, at 8:45 P. M. at the Rhode Island Medical Society Library, 106 Francis Street:

"Diphtheria Immunization in Providence," a progress report, Dr. Clarence L. Scammon; "The Treatment of Cataract," Dr. Joseph L. Dowling. Collation followed.

The following program was presented at the meeting held Monday, June 1, 1925, at 8:45 P. M. at the Rhode Island Medical Society Library, 106 Francis Street:

"The Social Implication of Gonorrhea," Dr. Eric Stone; "The Present Status of Radio Therapy," Dr. George W. Waterman.

The Standing Committee has approved the following applications for membership: Dr. Earle H. Brennen, Dr. Ralph DiLeone.

Collation followed.

DR. PETER PINEO CHASE,
Secretary.

The regular monthly meeting of the Providence Medical Association was called to order by the President, Dr. Albert H. Miller, Monday evening, June 1, 1925, at 8:48 o'clock.

The records of the last meeting were read and approved.

The Secretary read a letter from the American Birth Control League, Inc., offering a speaker to talk on the "Technique of Contraception." This was referred to the Standing Committee.

The Standing Committee having approved the applications of Ralph Di Leone and Earle H. Brennan, the Secretary was instructed to cast a ballot for their election.

Dr. Creighton W. Skelton read a memorial on the death of Dr. Edward M. Harris and it was voted that it be spread on the minutes of the Association, a copy sent to the widow and one to the RHODE ISLAND MEDICAL JOURNAL.

Dr. Frederick N. Brown presented samples of the new auto emblem of the A. M. A. and Dr. Miller announced that they could be procured without charge if members subscribed to *Hygeia*.

Dr. Eric Stone read a paper on the "Social Implications of Gonorrhea." This was illustrated by a number of slides showing graphically the results obtained from a statistical study of over four hundred of his own cases with references to other statistics. He showed that this was a social problem in its larger aspects. Dr. Richardson dis-

cussed the paper, showing that the matter had to be viewed from two aspects, as a disease and as a moral problem. Dr. Stone closed the discussion.

Dr. George W. Waterman read a paper on the "Present Status of Radium Therapy." After a few remarks on the history and properties of radium he discussed its use in gynecology, advocating it in cancer of the uterus but not in cancer of the body, which is a surgical condition. Dr. Gerber discussed the paper emphasizing that radium rays should be considered only as one of the series of radiations with X-ray, radiant heat, etc. He mentioned Dr. Heublein's of emanation seeds in bismuth fast to avoid the caustic effects. Dr. Noyes and Dr. Waterman also discussed.

The President announced as a committee on seating arrangements Dr. Frank T. Fulton, Dr. Nat. H. Gifford, Dr. Roland Hammond; and the following obituary committees: For Dr. H. J. C. Corrigan—Dr. Henry J. Hoyer, Dr. V. L. Fitzgerald and Dr. James F. Hawkins. For Dr. Gardner T. Swartz—Dr. C. H. Leonard, Dr. C. W. Skelton and Dr. D. H. Richardson.

The meeting adjourned at 10:49 P. M. Attendance 49. Collation was served.

Respectfully submitted

PETER PINEO CHASE
Secretary

RHODE ISLAND MEDICO-LEGAL SOCIETY.

The regular quarterly meeting of the Society was held in the Medical Library, 106 Francis Street, Providence, on Thursday, April 30, 1925, at 5 P. M.

Paper: "The Revolutions of the Day as Viewed from the American Viewpoint," by Honorable Antonio A. Capotosto, of Providence, Associate Justice of the Superior Court of Rhode Island.

A light supper was served.

Guests welcomed as usual.

JACOB S. KELLEY, M.D.
Secretary.

The annual meeting of the society, at which the election of officers for the ensuing year took place, was held at Slocum's Pawtuxet Cove House, Thursday, June 25, 1925.

Following the adjournment of the meeting a shore dinner was served.

CASE REPORT

TUBERCULOSIS OF THE MESENTERIC GLANDS. REPORT OF A CASE ASSOCIATED WITH ORCHITIS.*

R. C. BATES, M.D.

PROVIDENCE, R. I.

Case of D. C., male child, age 3 years.

Past History:

This was essentially negative until 2 months ago.

Family History:

The mother had tuberculosis cervical adenitis. One other child had died of hemorrhagic disease of the newborn.

Present History:

The child had complained of pain in the testicles for the past two months. This pain extended up into the groins and was aggravated by bending or walking. He had lost considerable weight during the same period. The physical examination showed a thin, poorly nourished child, with flushed face, enlarged abdomen and large, red and swollen testicles. He had a rectal temperature of 100° F.

Roentgenograms of lungs showed a generalized peri-bronchial thickening of the lung roots. Roentgenograms of the abdomen were negative. Both testicles were enlarged about three times their normal size, and were red and extremely tender on palpation. There was evidence of fluid in the scrotum. The abdomen was distended, and a large, tumor-like mass was felt extending from the right mid-clavicular line to 3 cm. to the left of the umbilicus, and 2 cm. above and below the umbilicus. There was no evidence of fluid in the abdomen. The superficial veins of the chest were dilated.

Blood Count:

Showed W. B. C. 10,300, Neutrophils 76 per cent., lymphocytes 24 per cent.

Tuberculin Test:

Intradermal 1:1000 markedly positive.

Urine was negative.

Progress:

Four weeks after treatment was started, the child showed definite improvement. The orchitis had disappeared, and the abdominal distention and tumor reduced.

*This case was presented through the courtesy of Dr. H. E. Utter.

Comment:

The case is interesting because of the association of orchitis with the tuberculosis mass in the abdomen. It also presented interesting points in diagnosis. The symptoms for which advice was sought, namely, the orchitis, was undoubtedly due to congestion from pressure on spermatic vessels. Any tumor mass of the abdomen, including tumor of the intestines or kidney, could produce such symptoms, but the positive tuberculin test probably gives access to the most likely diagnosis.

IN MEMORIAM

EDWARD MOWREY HARRIS, M.D.

Edward Mowrey Harris, M.D., the son of William and Zelphas Torrey Harris, born in North Killingly, Conn., September 4, 1841; died in Pasadena, Cal., April 2, 1925; buried at Putnam, Conn., May 18, 1925.

Dr. Harris was one of nine children, one of whom was the late Dr. William T. Harris, formerly United States Commissioner of Education. He received his early education in the public schools, academies and private tutors. He entered Yale Medical School and later graduated from Harvard Medical School in the class of 1866.

Dr. Harris was an honorary member of the Rhode Island Medical Society, president of the Providence Medical Association from 1881 to 1883 and its secretary from 1869 to 1871. He was recording secretary of the State Society from 1871 to 1874 and corresponding secretary from 1874 to 1887. He had also been president of the Progressive League of Rhode Island and in 1912 was presidential elector on the Progressive ticket. He had also been president of the old Franklin Lyceum and of the Providence Chess Club.

In 1887 he married Miss Amy, daughter of James and Elizabeth Francis (Jackson) Eddy, and they were the parents of two sons, both of whom have died. He is survived by his wife and two brothers.

Dr. Harris was a connoisseur in art matters and delighted in fine music and paintings. He was welcomed at artists' studios for his valuable suggestions and helpful criticism and was himself a painter and musician of considerable ability. In the course of a considerable residence abroad he

interested himself greatly in old Italian paintings and violins, building up a large and selected personal collection in both these fields. Several paintings from the collection of Dr. Harris are now in the possession of the Rhode Island School of Design, which has issued a special illustrated pamphlet dealing with these rare works of art. He was generous with his money and gave his life and wealth to the Bell Street Chapel. In 1921 he gave to the Rhode Island Medical Society the sum of \$5,000 to be known as the Dr. Edward M. Harris Fund. The Rev. Dr. Dunham in his memorial address of him said: "His life was not bound by traditions or customs, he lived and reveled in the artistic life and that he was not only a citizen of Providence and Pasadena but of the world."

The Rev. Arthur H. Winn writes of Dr. Harris: "There will be spoken I know the well deserved tribute to those rare qualities of heart and mind which made him an outstanding character wherever he happened to be. Let mine be a personal word bearing witness to a friendship which was as loyal and lasting as life itself and which was so richly fruitful to me in inspiration, encouragement and helpfulness during all the years of my ministry at the Bell Street Chapel. I could go to him with my problems, perfectly assured that I should find in him that sympathy and insight that would understand their real nature, and that wisdom and resourcefulness of spirit that would always contribute much to their solution. He was never deterred by rain or snow or storms from taking his place among us and joining heartily in the services of worship with reverent spirit. I can never forget the kindness of his heart. His words were kind words. His deeds were kind deeds because the law of kindness was in his heart. His speech and life truly expressed the spirit within. The hours I spent enjoying his ready wit, happy in the sunshine of his love, are among the brightest and fairest moments of my life. Truly he was 'A friend who knows and dares to say the brave sweet words that cheer the way.' Therefore, to me his passing is,

"As when a lordly cedar, green with boughs,
Goes down with a great shout upon the hills
And leaves a lonesome place against the sky.'"
His long journey has come to an end, the pilgrim's feet have touched the thither shores of that

undiscovered country which, we believe, though veiled from mortal eyes, is radiant and pulsing with the Divine light and life. He is lost to our vision, but we follow him with our tender memories and our undying love.

FREDERICK T. ROGERS, M.D.

WILLIAM R. WHITE, M.D.

CREIGHTON W. SKELTON, M.D.

NEWS ITEMS

Dr. Creighton W. Skelton, our business manager, has been elected coroner for the city of Cranston. He brings to the city a knowledge of law and keen business acumen; we felicitate the city council on its choice. That he will fill the office to the credit of the city and the state we have no doubt.

An International Congress of Radiology is being held in London July 1st to 4th, 1925. This is being held under the auspices of the British Institute of Radiology. Experts on radiology from all parts of the world are expected to be present and contribute papers on various phases of progress in the fields of radiologic diagnosis and treatment.

Dr. Isaac Gerber of Providence, R. I., is on the program in the section on radiation therapy, and will read a paper on "X-Ray Treatment of Pyogenic Infections, Particularly of the Skin."

CITY HOSPITAL.

Dr. Julius A. Olean, second assistant superintendent, has resigned and left July 1st, to go to the New Haven Hospital, where he will assist Dr. E. A. Park, Professor of Pediatrics.

Dr. Roy W. Benton, Dr. Alton S. Pope, Dr. Sidney M. Simons and Dr. Peter J. Vivier finish internships on July 1st. Dr. Benton will take Dr. Olean's place as second assistant superintendent. Dr. Pope will become assistant to Dr. Haven Emerson, School of Public Health, Columbia University. Dr. Simons begins a service at the Homeopathic Hospital of Boston, and Dr. Vivier goes to the surgical service at the New Haven Hospital.

The new internes are Dr. Joseph Smith, Dr. Frank J. Piper, Dr. Americo J. Pedorella and Dr. Sidney Biddle.

A Department of Roentgenology has been established and will be in operation in the near future. Dr. James F. Boyd and Dr. Isaac Gerber have been elected consultants, and Dr. Jacob Kelley visiting roentgenologist.

NOTICE

The Medical Library will be open between one and five only, during the month of August.

MISCELLANEOUS

DON'T FRIGHTEN CHILD BY STORIES OF DOCTOR.

A physician who is a specialist in children's diseases recently declared his greatest bugbear is not scarlet fever, not any of the other awful children's diseases, but rather the fright germ the parents have implanted in the minds of the children before sickness comes.

Parents can easily prepare their children for operations, so that even the pain and discomfort will not take away their faith in the surgeon. The mother's explanation before and after a visit to the doctor's office will keep away fear and dread of that office.

False stories to scare children are in themselves crimes, but a false story about a doctor is much worse than about the "boogy man who'll get you if you don't watch out."

"The doctor is your friend and he is coming to make you well." That is a *real* bedside story.—*Hygeia*.

THOUGHTS UPON FACING ONE'S FIRST BORN.

The following inventory has been handed to one of the editors by one of his patients who possesses a keen sense of humor as well as a marked degree of intelligence. He says: "These are some comments I made upon reaching the supreme experience of fatherhood."

Inventory.

Dated—September 7, 1921, 10 P. M.

Article—Child.

Sex—Male.

Age—65 minutes.

Weight—8 lbs.

Color—American-Indian Red.

Toes—Ten. Fingers—Ten. Nails fitted in place before shipment.

Eyes—Two—color blue, but not warranted fast.

Hair—Long and dark (to be replaced later without expense to consignees).

Corns—None.

Bunions—None.

Teeth—None.

Neck—One. Its function seems to consist of a tenuous connection of the head to the major portion of the article, presumably to prevent either from being carelessly mislaid. Chief characteristic—ridiculously unreasonable flexibility. Very unsatisfactory and consignees hereby enter protest.

Back—One, *said to be straight*.

Backbone—One, *said to be present*—no evidence furnished.

Mouth—One; suction 25%, improvement guaranteed.

?—One small smudge on front elevation, doctor says "it's a nose." Doctor either mentally deranged or gifted with second sight.

Voice—Wonderful musical quality, only training needed to match Caruso.

Legs—Two. Apparently superfluous at present, would seem they might have been added later when necessary. Shippers claim they were included in contract price without charge.

Wrinkles—4,372,631. Shippers claim they will wear smooth like auto tire treads, by contact with Life.

Head—One. (*Looks like a head.*) Doctor says article in question "Looks like Father." Consignees see no reason for such bigoted prejudice against child. Seems too bad to pick on one so young and defenseless. However, as doctors are known to have that phrase rubberstamped in their minds, judgment is reserved.

Consignees agree to accept for ten days on trial. At end of said period if unsatisfactory refund of money or substantial discount to be granted.

Signed

*Mos T. ENNY

WAN O'FUS

Consignees

*Signatures supplied by the Editor.